

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

IC 14197293

SL 30833

-63-022283

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration, District No.

1003

Registrar's No.

5451

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Missouri		Length of stay in 1b 43 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vets Admin Hospital		d. STREET ADDRESS (If outside, give location) 2118 23rd Street	
3. NAME OF DECEASED (Type or print) Neal H Summers		4. DATE OF DEATH Month 5 Day 20 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11/29/98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) Briarfield, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Summers		13b. MOTHER'S MAIDEN NAME Wattles	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Gail Emmer (sister) See 2 above	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GRAM NEGATIVE SEPTICEMIA DUE TO (b) INFECTED GRANULATIONS DUE TO (c) 35% SECOND & THIRD BURNS		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS 6 WEEKS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PATIENT BURNED WHILE SETTING IN CHAIR	
20c. TIME OF INJURY 8:30AM	Hour 8:30AM Month, Day, Year 4-7-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NURSING HOME		20f. CITY, TOWN, OR LOCATION E. ST. LOUIS, ILLINOIS	
21. I attended the deceased from 4:30 PM to 5/20/63 and last saw him alive on 5/20/63		Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Clarence L. Mayfield		22b. ADDRESS VAH, St Louis, Mo.	
22c. DATE SIGNED 5/2/63		22d. LOCATION (City, town, or county) (State) MT VERNON ILL.	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-21-63	
23c. NAME OF CEMETERY OR CREMATORY CITY		23d. LOCATION (City, town, or county) (State) MT VERNON ILL.	
24. FUNERAL DIRECTOR Meyers Funeral Service		25. DATE RECD. BY LOCAL REG. MAY 22 1963	
26. REGISTRAR'S SIGNATURE Roal Smith. M.D.			

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James I. Curson

Licensed Embalmer No. 5168

P. O. Address Myrtle, CO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.